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ASSISTANT COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, DC 20231

PATENT

Date: November 21, 2001  
File No. 1201.65680

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Munir H. Nayfeh, Gennadey Belomoin, Satish Rao,  
Joel Therrien, and Sahraoui Chaieb.

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Box Patent Application, U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 2202, on this date.

Nov. 21, 2001  
Date

Express Mail Label No.: EL846163483US

For: **FAMILY OF DISCRETELY SIZED SILICON  
NANOPARTICLES AND METHOD FOR PRODUCING THE SAME**

Enclosed are:

- ☒ 15 pages of specification, including 13 claims and an abstract.
- ☐ an executed oath or declaration, with power of attorney.
- ☒ an unexecuted oath or declaration, with power of attorney.
- ☐ \_\_\_\_\_ sheet(s) of informal drawing(s).
- ☐ 1 sheet(s) of formal drawings(s).
- ☐ Assignment(s) of the invention to \_\_\_\_\_.
- ☐ Assignment Form Cover Sheet.
- ☐ A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 and cited references.
- ☐ Associate power of attorney.
- ☐ Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 740.00
b) Independent Claims	<u>2</u>	-	3	=	<u>0</u>	x \$ 84.00 = \$ <u>-0-</u>
c) Total Claims	<u>13</u>	-	20	=	<u>0</u>	x \$ 18.00 = \$ <u>-0-</u>
d) Fee for Multiple Claims						\$280.00 = \$ <u>-0-</u>

Total Filing Fee \$ 740.00

☒ Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$ 370.00

☒ A check in the amount of \$ 370.00 to cover the filing fee is enclosed.

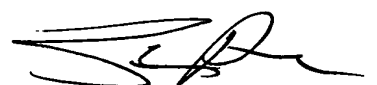
☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 07-2069.

☐ Other \_\_\_\_\_.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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